

## **DUNDEE CITY COUNCIL**

**REPORT TO:** SOCIAL WORK COMMITTEE – 20 November 2000

**REPORT ON:** ADDITIONAL RESOURCES FOR COMMUNITY CARE SERVICES

**REPORT BY:** DIRECTOR OF SOCIAL WORK

**REPORT NO:** 731-2000

### **1.0 PURPOSE OF REPORT**

The purpose of this report is to advise the Social Work Committee of the outcome of negotiations that have taken place with health representatives about the use of additional resources that were allocated to the Health Board in June 2000 and to the local authority in July 2000 for Community Care.

### **2.0 RECOMMENDATIONS**

It is recommended that the Social Work Committee:-

- 2.1 Notes and endorses the developments identified in Appendix 1 and Appendix 2 of this report.
- 2.2 Instructs the Director of Social Work to take appropriate action to implement all these agreed proposals.
- 2.3 Instructs the Director of Social Work to negotiate with Health to bring forward proposals for the use of the recurring resource for community care and advise the Social Work Committee of the outcome of these negotiations.

### **3.0 FINANCIAL IMPLICATIONS**

In July 2000, the Scottish Executive allocated an additional £324,575 to Dundee City Council for Community Care Services in 2000/2001. This will be transferred to the Social Work Revenue Budget. The Proposals to be funded from these new resources are listed on Appendix 1.

In addition, Tayside Health Board has been allocated an additional £1,334,000 from the Scottish Executive of which £715,120 will be transferred to Dundee City Council for the purchase of social care, using current resource transfer arrangements.

### **4.0 LOCAL AGENDA 21 IMPLICATIONS**

The proposals support the provision of services to people in their own homes.

### **5.0 EQUAL OPPORTUNITIES IMPLICATIONS**

The proposals contribute to the provision of services in ways that meet with the preferences of the service users.

**6.0 MAIN TEXT**

6.1 On 4 July 2000, £10 million was made available to local authorities for this financial year to tackle problems arising from delays to the discharge of patients from hospital.

Priorities for the use of these resources have been agreed with Health Service representatives. A summary is included as Appendix 1.

All our proposals had to be accompanied by statements confirming that the Council had discussed and agreed its proposals with the Health Board and Trusts.

The negotiations with the Health Board have been informed by the content of the Older People's Working Group Report (Report No. 419/2000) and the proposed developments are consistent with the content and recommendations contained within this report.

Since 4 July 2000 it has been announced that these monies will be recurring. Further discussions will take place with Health about the use of the resources on a recurring basis.

6.2 On the 30 June 2000 the Health Minister Susan Deacon announced that an additional £60 million would be allocated to Health Boards.

The money was to be used to support:

- A major drive to reduce the number of delayed discharges from hospitals, leading to so-called 'blocked-beds' in Scotland.
- More effective forward planning to meet peaks in demand from patients, including the traditionally tough winter periods.
- Waiting lists and waiting time targets being consistently met.
- Financial targets are met and no overspends are incurred.

Health Service representatives have consulted with the Social Work Department and have agreed priorities for the allocation of these funds. A summary of the priorities for their use is attached as Appendix 2 to this report.

**7.0 CONSULTATION**

7.1 This report has been prepared in consultation with Local Health Care Co-operative, Tayside Primary Care Trust, Tayside Acute Hospital Trust, Tayside Health Board and the Director of Housing.

**8.0 BACKGROUND PAPERS**

No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any confidential or exempt information), were relied on to any material extent in preparing the above report.

**9.0 SIGNATURE**

Director of Social Work .....

Date .....

**ADDITIONAL RESOURCES - SUMMARY (Updated Version)**

<b>ACTIVITY</b>	<b>ACTION</b>	<b>OUTCOME</b>	<b>TARGET</b>	<b>COST</b>
Assessment and Care Management	Cover all care management vacancies over winter period.  Augment care management to hospital discharge.	Reduce waiting times for community assessment.  Assist co-ordination of discharge.	Meet target assessment times.	£56,000
Respite Care	Provide additional resource for nursing home respite care over winter period.	Reduce pressure in other parts of system.	Increased level of respite between January and March.	£10,000
Emergency social care service	Provide additional social care and night sitting cover to provide emergency social care cover.	Emergency response providing emergency and urgent home care service.	Additional care provided from December to March.	£60,000
Residential care services for older people with dementia	Identify factors that should determine additional cost for dementia care in residential units and nursing homes.  Prepare specification.  Identify providers.  Identify nursing needs indicators for improved quality.  Pay additional cost to identified provider.  Redesign younger peoples' respite service.	Information available that would help influence shape of local market.  Framework for specification for additional EMI places.  Service redesign for younger peoples' respite services and places purchased.	Contracts and specification agreed by January 2001 for residential and nursing home care.  Specification reviewed by October 2001.  Service redesign in place by end of 2001.	£107,000

<b>ACTIVITY</b>	<b>ACTION</b>	<b>OUTCOME</b>	<b>TARGET</b>	<b>COST</b>
	Design augmented nursing home care.	Service design for augmented nursing home care. Places identified and paid.	Service design in place by end of 2001.	
Equipment and adaptations	Publicity campaign for return of equipment.  Collection of equipment.  Distribution of urgent equipment.  Allocate resources for hospital OTs for purchase of equipment.  Adaptation to properties.	Increased efficiency in system. Improved joint working.      Maintain people in the community. Speed up relocation of people from hospital to community.	Waiting times for distribution of equipment met during winter period.	£51,575
Joint training initiatives	Joint training.		Joint rehab model specified for future plan.	£20,000
Project management	Project plan co-ordinator for delayed discharge initiatives across health and social care.    Develop evaluation mechanisms.	Project plans in place for each development.  Report prepared for key decision making groups.  Evaluation mechanisms in place.	Projects on target.	£20,000

**TOTAL      £324,575**

	<b>PROJECT</b>	<b>COST</b>	<b>OUTCOMES</b>	<b>QUANTIFICATION</b>	<b>EXPECTED IMPLEMENTATION DATE</b>
1.	Develop Augmented Care at Home (Social Work)	£400,000 recurring	<ul style="list-style-type: none"> <li>• Unblock beds where delay due to inability to provide home care response</li> <li>• Provides essential infrastructure, reflects local need, impact would be immediate.</li> <li>• Provides support for carers, out of hours schemes and the elderly recovery plan.</li> </ul>	Estimated reduction of 1000 bed days per year	Early Dec 2000
2.	Primary Care Liaison with ESD Scheme to link in with current Community Nursing Liaison in Ninewells	£35,000 recurring	<ul style="list-style-type: none"> <li>• Improved liaison between primary &amp; secondary care prior to discharge (discussion with acute trust to enhance the Early Supported Discharge Scheme)</li> <li>• Enhance existing Combined Care at Home Scheme provides essential infrastructure, reflects local need, impact would be immediate.</li> </ul>		Mid Dec 2000
3.	Introduce Nurse Night Care & Sitting	£108,000 recurring	<ul style="list-style-type: none"> <li>• Avoid hospital admission</li> <li>• Support hospital discharge</li> </ul>	225 admissions pa (still under discussion)	Early Dec 2000

	<b>PROJECT</b>	<b>COST</b>	<b>OUTCOMES</b>	<b>QUANTIFICATION</b>	<b>EXPECTED IMPLEMENTATION DATE</b>
4.	Enhance Existing Night Nurse Service	£30,000 recurring	<ul style="list-style-type: none"> <li>• Supplement existing nursing service support people at home.</li> <li>• Faster and streamlined response</li> <li>• Reduce hospital admission</li> <li>• Support Hospital Discharge</li> <li>• Attach District Nursing Service to Out Of Hours Co-ops.</li> <li>• Allow us to target high priority group with unmet needs - people with dementia: immediate impact especially at weekends.</li> </ul>		Early Dec 2000
5.	Enhance Existing Combined Care at Home Scheme (Nursing costs).  GP costs for services	£75,000 recurring  £50,000 recurring	<ul style="list-style-type: none"> <li>• Avoid 15 admissions per month (180 pa) to hospital</li> <li>• allow us to target high priority group with unmet needs - people with dementia: immediate impact, widening criteria</li> <li>• Provides essential infrastructure, reflects local need, impact would be immediate</li> </ul>	180 admissions pa	End Nov 2000  Jan 2001
6.	GP Out Of Hours Improved resource provision	£80,000 recurring	<ul style="list-style-type: none"> <li>• Avoid hospital admission</li> <li>• Support hospital discharge</li> </ul>		Mid Nov 2000

	PROJECT	COST	OUTCOMES	QUANTIFICATION	EXPECTED IMPLEMENTATION DATE
7.	CPN – Out of Hours Provision	£80,000 recurring	<ul style="list-style-type: none"> <li>• Augmentation to current support</li> <li>• Avoid Hospital admission</li> </ul>		Early Nov 2000
8.	Purchase 20 Care of elderly beds in private nursing homes	£252,720 recurring	<ul style="list-style-type: none"> <li>• Reduce delayed discharge</li> <li>• Reduce length of stay in hospital</li> <li>• Provide additional necessary residential support, meets unmet need, medium term change requires commissioning activity and negotiation about choice.</li> </ul>	Beds purchased & residents placed	Sept/Oct 2000
9.	Enhance quality of residential care for older people with mental health problems and thereby increase number of private nursing homes providing these services by say 40 enhanced beds.	£62,400 recurring	<ul style="list-style-type: none"> <li>• Provide improved choice of private nursing homes</li> <li>• Reduce Delayed Discharge</li> </ul>	<p>Short term transitional care and respite for dementia X 20.</p> <p>Long term increase elderly mentally ill placements in community by continuing provision of 100 augmented nursing home places.</p>	Early Dec 2000

	<b>PROJECT</b>	<b>COST</b>	<b>OUTCOMES</b>	<b>QUANTIFICATION</b>	<b>EXPECTED IMPLEMENTATION DATE</b>
10	Community Pharmacy Input to Early Supported Discharge	£20,000 recurring	<ul style="list-style-type: none"> <li>• Improved Access to Pharmacy</li> <li>• Improved adherence to complex medication regimes</li> <li>• Improved patient education</li> <li>• Avoids admission and readmission</li> </ul>		Jan 2001
11	In Hours Chiropody	£25,000 recurring	<ul style="list-style-type: none"> <li>• To support patient care in PNHs</li> </ul>		Oct 2000
12	GP input to Private Nursing Homes additional to GMS	£30,000 recurring	<ul style="list-style-type: none"> <li>• To provide additional support to patients in PNHs .</li> <li>• Planned mechanism to enable GPs to support quality</li> </ul>		Jan 2001
13	Prescribing Costs	£50,000 recurring	<ul style="list-style-type: none"> <li>• Prescribing costs currently met by acute sector</li> </ul>		When funds transferred from THB



	<b>PROJECT</b>	<b>COST</b>	<b>OUTCOMES</b>	<b>QUANTIFICATION</b>	<b>EXPECTED IMPLEMENTATION DATE</b>
14	<p>Adequate sickness cover for all community staff including PAMS.</p> <p>Enhanced physio and chiropody for 3 months each year recurring.</p> <p>Improved GP out of hours service.</p> <p>Extra hours for District Nursing Service to support vaccinations.</p> <p>Improved access to chemists out of hours.</p>	<p>£50,000 recurring</p> <p>Physio - £20,000 recurring &amp; Chirop £6,000 recurring</p> <p>£22,000 recurring</p> <p>£10,000 recurring</p> <p>£10,000 recurring</p>	<p>Improved support for patients in community.</p> <p>Improved support for patients in community.</p> <p>As per 6 above.</p> <p>Contribute to flu campaign and support practices.</p> <p>Enable patients to obtain medication earlier.</p>		<p>Oct 2000</p> <p>Oct 2000</p>

	<b>PROJECT</b>	<b>COST</b>	<b>OUTCOMES</b>	<b>QUANTIFICATION</b>	<b>EXPECTED IMPLEMENTATION DATE</b>
15	<ul style="list-style-type: none"> <li>Coronary Heart Disease</li> </ul>	£300,000 recurring	Improve quality of patient care - improve quality of life - reduce referrals		<b>All practices in scheme by 1/4/2001</b>

	<b>PROJECT</b>	<b>COST</b>	<b>OUTCOMES</b>	<b>QUANTIFICATION</b>	<b>EXPECTED IMPLEMENTATION DATE</b>
	<ul style="list-style-type: none"> <li>Respiratory Medicine - pilot</li> <li>Dermatology &amp; Plastics</li> <li>Minor surgery Clinic/ Nail Surgery</li> <li>Orthopaedics/physiotherapy</li> </ul>	<p>£400,000 recurring (03/04 onward) + £30,000 non-recurring</p> <p>£26,000 recurring +£69,000 non-recurring</p> <p>£12,000 recurring</p> <p>£80,000 recurring</p>	<p>Improve patient care in community, reduce in-patient activity.</p> <p>Improve quality of referrals. Reduce number of visits to hospital</p> <p>One stop shop Reduce referrals</p> <p>Redesigned and integrated service</p>	<p>TUHT to identify</p> <p>75 procedures pa</p> <p>500 referrals pa</p>	<p>6 practices in scheme by 1 Dec 2000 Remainder over next 2/3 years</p> <p>Nov 2000</p> <p>Dec 2000</p>

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